

HIE Steering Committee

September 4, 2019



Agenda

Topic	Schedule
Welcome	10:30 – 10:40
Connectivity Criteria Presentation	10:45-11:20
BREAK	11:20-11:30
Technical Roadmap Draft Review	11:30-12:10
Non-HIE Plan Websites	12:10-12:25
Wrap Up	12:25-12:30

VHIE Connectivity Criteria

September 4, 2019

Mike Smith, VITL President & Chief Executive Officer

Carolyn Stone, VITL Director of Operations

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VHIE Connectivity Criteria Overview

- Required under 18 V.S.A. § 9352(i)(2)
- Establishes the conditions for health care organizations to connect to the Vermont Health Information Exchange (VHIE)
- Act 187 requires standards and protocols for electronic connectivity to health care data be incorporated into the State HIE Plan
- State HIE Plan annually reviewed and approved by the GMCB

Connectivity Criteria

Supports the
core mission of
the VHIE

- Connectivity criteria help to ensure core mission can be met
 - Helps to ensure all data needed to *match patients* across organizations is present
 - Helps to ensure a *comprehensive set of data* is collected
 - Helps to drive *data quality* by defining requirements data must meet
- Criteria can be used to hold EHR vendors accountable

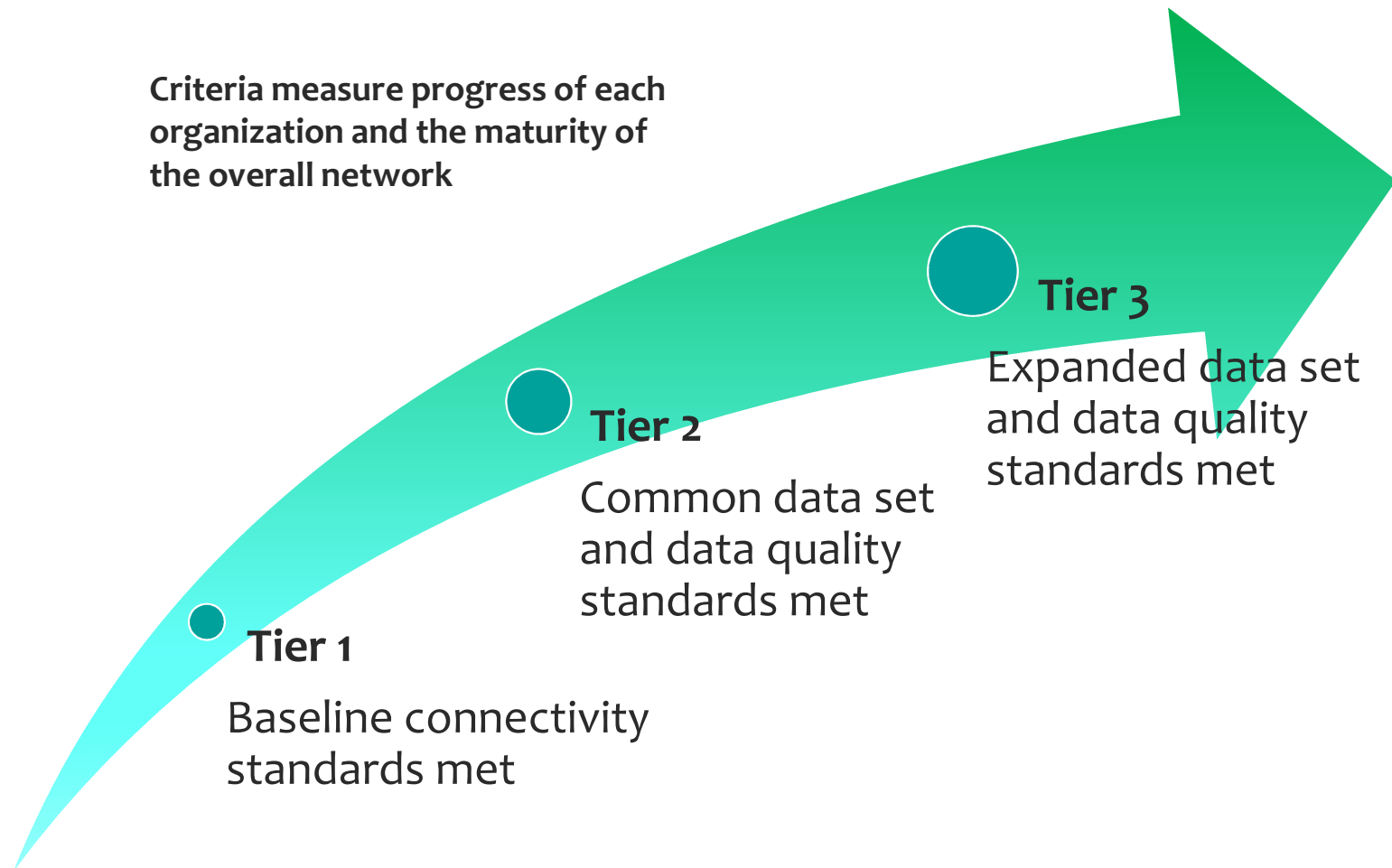
Connectivity Criteria

Supports the
State HIE Plan

- Sets a path for organizations to connect and contribute data
 - Longitudinal health record for all
 - Improve operations at the practice
 - Population health management in the learning health system
- Assists customers and stakeholders in selecting or maximizing technology investments
- Assists in setting priorities

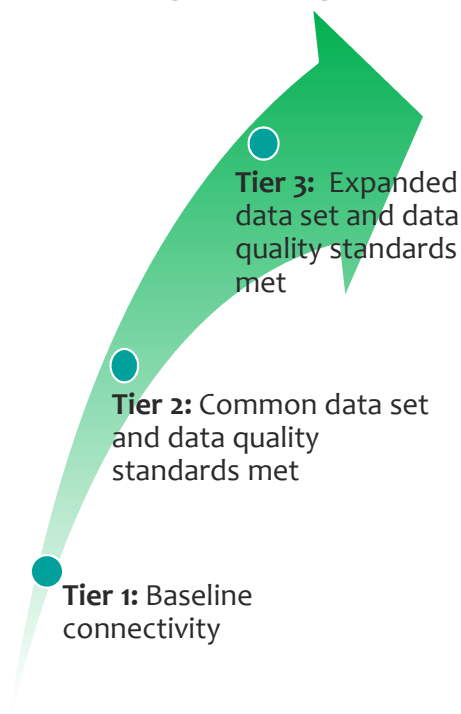
Connectivity Criteria Drive Advancement

Criteria measure progress of each organization and the maturity of the overall network



Connectivity Criteria

Uses expand as hospitals and practices advance through the stages



Criteria	Objective	Value
<ul style="list-style-type: none"> Expanded data sets for use by stakeholder(s) Data is standardized 	<ul style="list-style-type: none"> Variety of quality data aggregated for use by stakeholders Data can be analyzed across organizations 	<ul style="list-style-type: none"> Performance measurement and population health management applications are optimized Expanded data uses possible for advanced end-user services
<ul style="list-style-type: none"> One common data set for use by VHIE and all stakeholder(s) Data is standardized 	<ul style="list-style-type: none"> Uniform, quality patient data aggregated Data utility beyond point of care 	<ul style="list-style-type: none"> Stakeholders can measure quality and manage populations (inform quality measures) Expanded data uses possible (example: Care Management)
<ul style="list-style-type: none"> Data supports patient matching Data is structured for storage and transmission 	<ul style="list-style-type: none"> Implement planned interfaces Patient matching Data use at the point of care and by stakeholders 	<ul style="list-style-type: none"> Clinicians can view basic data Clinicians can receive electronic results Patients are properly matched

Evolution of the Criteria

Existing Criteria	Revised Criteria
Created in 2018	Connectivity sub-committee engaged in 2019 to update Criteria based on experience and utilization in 2019
Tier 2 defined with optional elements	Data Prevalence was evaluated for 2019 Tier 2 criteria to help in decision making for 2020. Tier 2 was updated to reflect additional key common data elements for health reform program requirements and to move some to Tier 3
Tier 3 not defined yet	Tier 3 defined to support the health reform program requirements and the U.S. Core Data for Interoperability (USCDI) elements
Customer and stakeholder education to help them understand how the criteria are applied, the benefits and the outcomes in achieving the criteria.	Updated documentation based on feedback from Customers and Stakeholders who have been through the process.

Proposed Updates to the Criteria

Existing Tier 2 Criteria	Revised Tier 2 Criteria
5 Immunizations	10 new Immunizations added to align with stakeholder program needs (HiB, Hep A, Hep B, DTap, TDap, Rotavirus, MCV4, Men B, IPV, and HPV)
Servicing Provider NPI	Added Assigned Provider NPI and sending facility
9 diagnostic results	3 new diagnostic results added to align with stakeholder program needs (fasting blood glucose, Lyme disease test, and cervical cancer screening HPV test)
9 problems	5 new problems added to align with stakeholder program needs (COPD, stroke, anxiety, depression, tobacco use including nicotine)
5 procedures	2 new procedures added to align with stakeholder program needs (cervical cancer pap and Ultrasound or CT for cancer)
3 screenings	2 new screenings added to align with stakeholder program needs (substance use disorder and breast cancer)
No Hospital encounters	3 new inpatient encounters were added for Hospital Admissions, Discharges and Transfers
10 vital signs	2 vital signs for Body Temperature and Inhaled Oxygen Concentration were moved to Tier 3

Focus is on Data Quality

- CY19 focused on Tier 2 with an eye toward Tier 3
 - Tier 2 consists of one common data set for use across the state by all stakeholders
 - Stakeholders and programs were engaged to define the Tier 3 data set
- CY20 contracts + Connectivity Criteria will drive data quality:
 - Site Assessment, Gap Analysis, and Development of a Data Quality Work Plan
 - Implement interfaces (Tier 1)
 - Implement Data Quality Work Plan (Tier 2)
 - Data will start to be evaluated against the newly defined Tier 3 data quality set

Questions?

State of Vermont, HIE Steering Committee HIE Technical Roadmap Project

Roadmap Draft

Lantana Consulting Group

Velatura

September 4, 2019 HIE SC Meeting, Waterbury

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HIE Goals:

1. Create One Health Record for Every Person—Ensure access to complete and accurate health records to support optimal care delivery and coordination.
2. Improve Healthcare Operations—Enrich healthcare operations through data collection and analysis to support quality improvement and reporting.
3. Use Data to Support Investment and Policy Decisions—Bolster the health system to learn and improve based on accurate, comprehensive data; guide investment of time, labor, and capital; and inform policies and program development.

Executive Summary

1. Development of the 2019 Technical Roadmap

2. Vision for the Vermont VHIE Technical Roadmap

1. Timeframe
2. Guiding Principles
3. National Initiatives and Trends

3. Roadmap for Vermont

1. Key Objectives Supporting HIE Goals
2. Deploying the Plan within a Three-level Service Architecture

4. Items to be incorporated into the 2019 HIE Plan

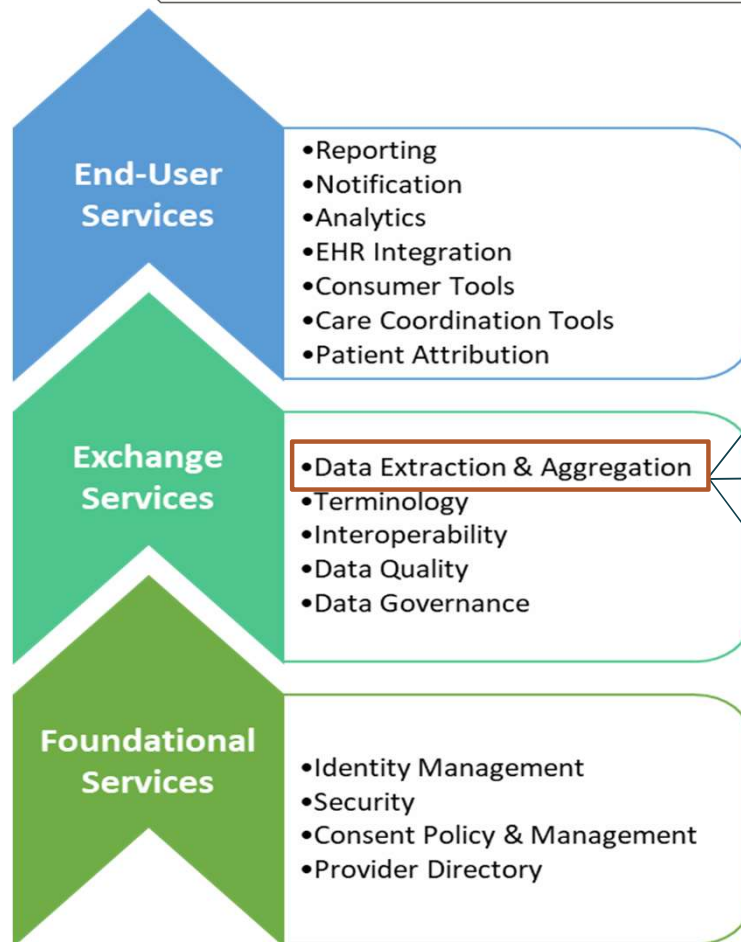
1. The Non-technical Plan
2. Monitoring and Assessing the 2019 Plan

5. Appendices

Key Objectives:

1. Delivering Information at the Point of Care
 2. Augmenting Use of Public Health Registries
 3. Managing Sensitive Health Information
 4. Leveraging Social Determinants of Health Information
 5. Automating Quality Reporting
 6. Providing Consumer Access
- **~64 tactics:** requirements gathering, planning, or execution
 - **Five non-technical tactics:** new work groups, policy
 - **Action steps spread across architecture stack**

Architecture Plan & Tactics



Requirements stage:

Document requirements for statewide repository:

Identify requirements based on current needs and future vision from organizations with existing repositories and others interested in contributing to selecting and using a statewide repository.

Planning stage:

Develop Request for Proposal (RFP) for statewide repository:

Work with engaged repository stakeholders to develop an RFP targeting statewide repository solutions.

Execution stage:

Select and implement statewide repository solution:

Leaning on value proposition for participating organizations that will drive sustainability of the repository, select and implement solution that aligns with existing requirements and long-term vision.

Non-Technical Plan

Several areas of the Technical Roadmap require support from non-technical subject matter experts and health care professionals. The areas that require near-term attention based on the Technical Roadmap and some of the immediate tasks they would be charged with are as follows:

- Data Governance: Identify or charge an existing group as a Data Governance Authority
 - Charge group to draft policy on data sharing requirements, identify and define data sets for specified use cases, and address data quality issues at the policy level
 - Work with the GMCB Data Governance Council to clarify roles
 - Design and implement a “Sharing Sensitive Data” policy
- Quality Reporting: Stand up a Quality Leaders Task Force and charge with
 - Harmonization of closely related measures to reduce variability
 - Standardization of reporting formats
 - Reduction of the overall number of measures
 - Support for measure data elements with Connectivity Criteria requirements
- Care Coordination
- Use Case Development
- Sustainability

Foundational Tactics

Component	Requirements	Planning	Execution
Identity Management	<ul style="list-style-type: none"> Investigate how to support sensitive data exchange 	<ul style="list-style-type: none"> Select VHIE stakeholder to receive UMPI Define UMPI sharing processes 	<ul style="list-style-type: none"> Reconcile individuals associated with clinical VHIE information using UMPI in HCI Provide UMPI to initial stakeholders Test reconciliation process
Consent Policy	<ul style="list-style-type: none"> Investigate standards-based consent management Evaluate and pilot granular consent management 	<ul style="list-style-type: none"> Identify initial opt-out mechanisms 	<ul style="list-style-type: none"> Implement opt-out by spreadsheet Implement triage/feedback process for consent submission Automate consent management with HCI
Provider Directory		<ul style="list-style-type: none"> Evaluate existing provider directory capabilities Request IAPD funds for provider directory Develop Provider Directory RFP Vendor selection Seek annual MMIS IAPD funding 	<ul style="list-style-type: none"> Implement Provider Directory Pilot Provider Directory Deploy Provider Directory

Exchange Tactics

Component	Requirements	Planning	Execution
Data Extraction & Aggregation	<ul style="list-style-type: none"> Document requirements for statewide repository 	<ul style="list-style-type: none"> Review state repositories Review VHIE SDOH data Align VHIE SDOH with national standards Map and align state agency data to data standards Monitor capture of SDOH at point of care Pilot integration of AHS data into EHRs Explore document management services Develop Request For Proposal (RFP) for statewide repository 	<ul style="list-style-type: none"> Select and implement statewide repository solution
Terminology			<ul style="list-style-type: none"> Flag and categorize sensitive data per TECCA Normalize coded data to standards
Interoperability	<ul style="list-style-type: none"> Evaluate federal regulations/rules Evaluate federated exchange solutions Explore expanding FHIR & query-based capabilities 	<ul style="list-style-type: none"> Identify and initiate FHIR and query-based use case pilot 	<ul style="list-style-type: none"> Support standards for existing use cases Ensure data alignment with USCDI Provide VHIE Direct Secure Messaging (DSM) service
Data Quality	<ul style="list-style-type: none"> Develop Data quality work queue and process Define rejection threshold Consider constraining Connectivity Criteria 	<ul style="list-style-type: none"> Consider tools, methods for local validation Expand Connectivity Criteria template 	
Data Governance			<ul style="list-style-type: none"> Map sensitive data to standards

End User Tactics

Component	Requirements	Planning	Execution
Reporting Services	<ul style="list-style-type: none"> Investigate integration of outpatient cancer reporting Automate reportable labs Define program universe through census Assess data availability against requirements Identify opportunities for simplification/harmonization 	<ul style="list-style-type: none"> Increase ambulatory cancer reporting Support birth and fetal death standard reporting Improve standard immunization reporting Standard quality reporting formats Design Query/Retrieve for Immunizations 	<ul style="list-style-type: none"> Pilot standard quality reporting formats Implement Query/Retrieve for immunizations
Notification			<ul style="list-style-type: none"> Increase sources of notifications Expand sources to new VHIE participants Increase recipients of notifications Adhere to standards for consistency
EHR Integration	<ul style="list-style-type: none"> Investigate eClinicalWorks exchange solutions 	<ul style="list-style-type: none"> Evaluate workflow and data access preferences Implement SSO to VITLAccess from EHRs Maintain/expand use of VITLAccess and query 	
Consumer Tools	<ul style="list-style-type: none"> Review current research on consumer access Define requirements for consumer access Track progress of open APIs (FHIR) Evaluate third-party applications 		
Care Coordination	<ul style="list-style-type: none"> Define care coordination tool requirements Assess care coordination tools against requirements Expand care coordination tool adoption 		
Patient Attribution	<ul style="list-style-type: none"> Validate care team attribution service capabilities 		

Foundational Tactics

Component	Near Term (12-18)	Mid-term (19-36)	Long Term (37-60)
Identity Management	<ul style="list-style-type: none"> Reconcile individuals associated with clinical VHIIE information using UMPI in HCI Test reconciliation process Investigate how to support sensitive data exchange 	<ul style="list-style-type: none"> Define UMPI sharing processes Select VHIIE stakeholder to receive UMPI Provide UMPI to initial stakeholders 	
Consent Policy	<ul style="list-style-type: none"> Identify initial opt-out mechanisms Implement opt-out by spreadsheet Implement triage/feedback process for consent submission 	<ul style="list-style-type: none"> Investigate standards-based consent management Automate consent management with HCI 	<ul style="list-style-type: none"> Evaluate and pilot granular consent management
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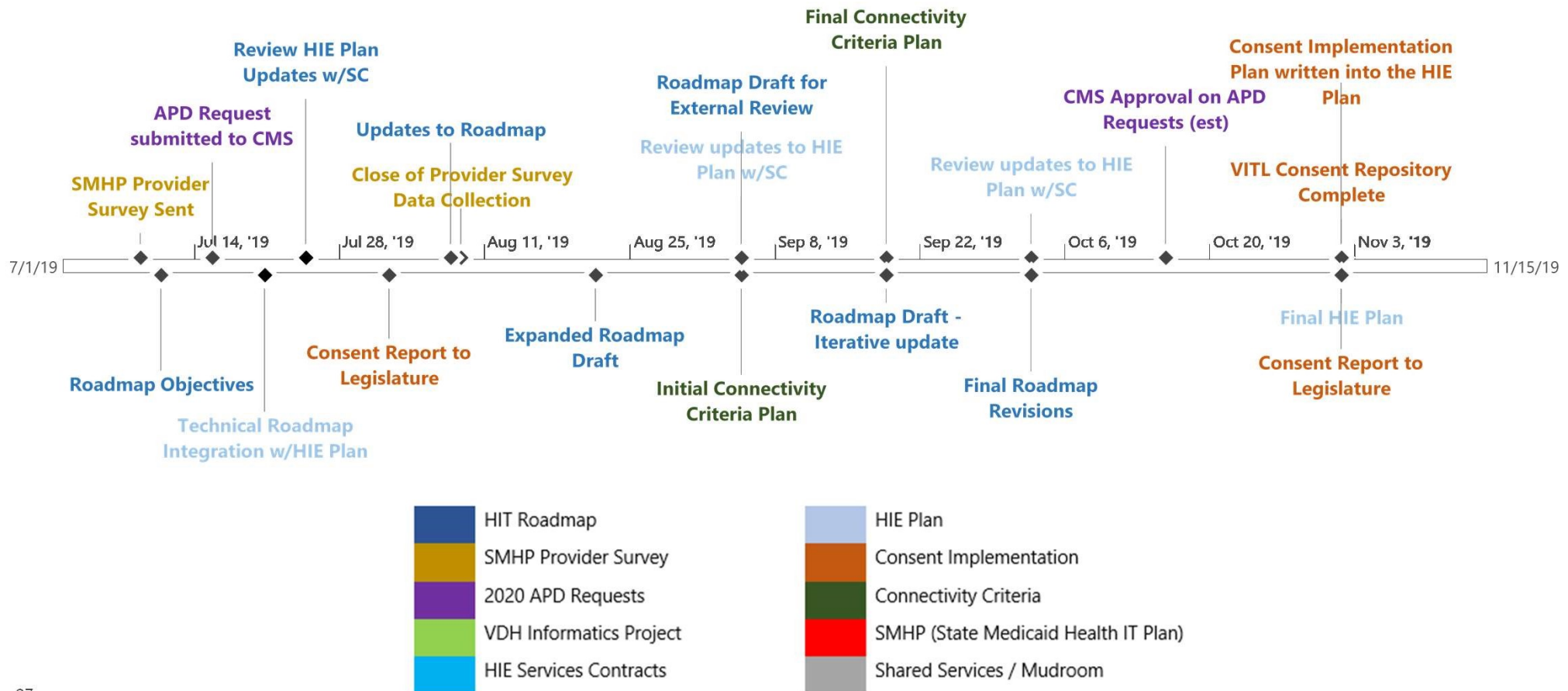
Exchange Tactics

Comp.	Near Term (12-18)	Mid-term (19-36)	Long Term (37-60)
Data Extraction & Aggregation	<ul style="list-style-type: none"> • Document requirements for statewide repository • Develop Request For Proposal (RFP) for statewide clinical repository • Review state data on SDOH • Review VHIE SDOH data • Align VHIE SDOH with national standards • Monitor standards for capture of SDOH at point of care • Explore document management services 	<ul style="list-style-type: none"> • Select and implement statewide clinical repository solution • Map and align state agency data to data standards • Pilot integration of AHS SDOH data into EHRs 	
Terminology	<ul style="list-style-type: none"> • Flag and categorize sensitive data per TEFCa • Normalize coded data to standards 		
Interoperability	<ul style="list-style-type: none"> ❑ Evaluate federal regulations/rules • Evaluate federated exchange solutions • Explore expanding FHIR & query-based capabilities ❑ Support standards for existing use cases • Ensure data alignment with USCDI • Provide VHIE Direct Secure Messaging (DSM) service 	<ul style="list-style-type: none"> • Identify and initiate FHIR and query-based use case pilot 	
Data Quality	<ul style="list-style-type: none"> • Develop data quality work queue and process • Define rejection threshold • Consider constraining Connectivity Criteria • Consider tools, methods for local validation 	<ul style="list-style-type: none"> • Expand Connectivity Criteria template 	
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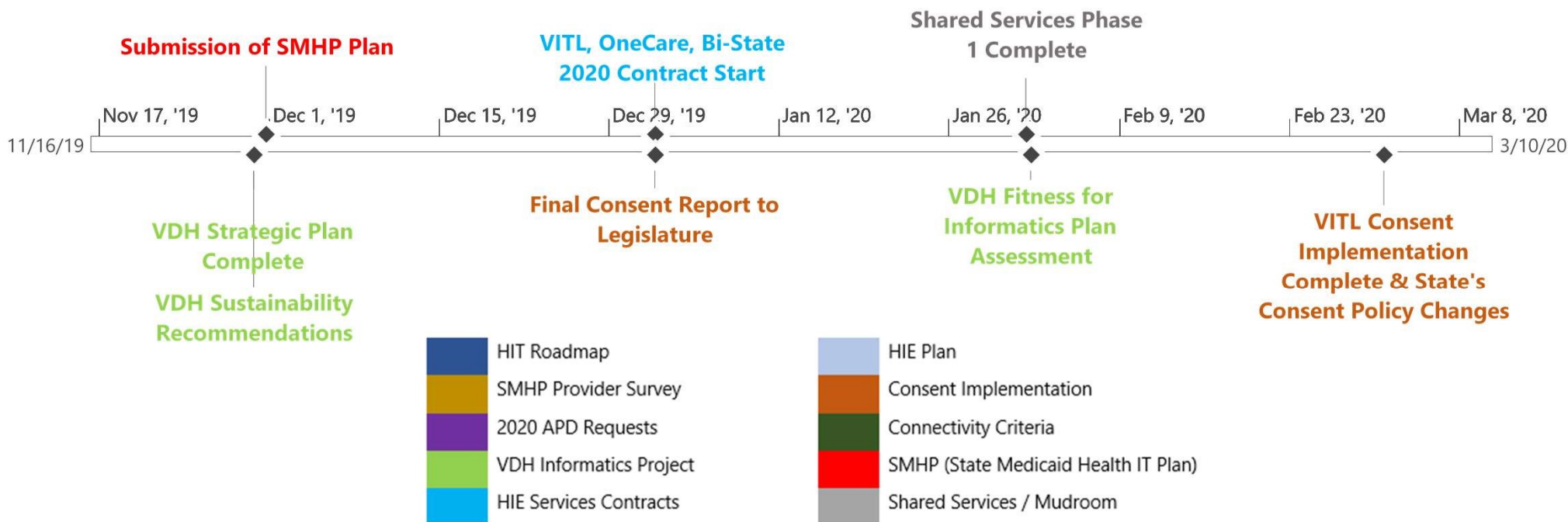
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Integrated Timeline: July - November 2019



Integrated Timeline: November 2019 - March 2020



Questions?

Non-Technical Roadmap HIE Plan Discussion

- Given what we've worked on and accomplished in the past year, and informed by our conversations and the technical roadmap draft,
- And having to produce an updated HIE Strategic Plan in the next month, what can we say now about content for:
 - The Executive Summary
 - Tactical Plan Updates
 - Integration of Consent Recommendations

Executive Summary

- Reminder of the mandate to update the Plan
- Highlight major accomplishments from 2019
- Summarize what is in the plan for the coming year
- Discussion: Accomplishments to highlight? Topic areas may include:
 - Consent
 - Data governance
 - Connectivity
 - More
- Discussion goal: statements of accomplishments reflecting steering committee consensus

Tactical Plan Updates

- Snapshot of tactical plan updates for 2018-2019
- 2019-2020 tactical plan to be derived from the HIT Roadmap
 - Tactics identified as near term (12-18 months); mid-term 18-26 months; or Long term 3-5 years
 - The roadmap identifies 64 tactics associated with several use cases supporting 6 objectives
- Challenge: Distill the roadmap tactics into a consensus list of defined progress milestones for the coming year (12 months)
- Discussion: Today reach consensus on a process for meeting the challenge
 - Steering Committee define the process and give direction to staff to do the work
 - Staff returns with a proposed tactical plan for the coming year that:
 - Is aligned with the tactics identified in the Roadmap
 - Will be presented in the HIE Plan update, with responsibility identified
- Process discussion
 - Consider capacity to complete tactical activities
 - Do subcommittees / ad hoc committees add capacity?

Integration of Consent Recommendations

- What Act 53 says about the HIT Plan with respect to consent:
 - The Plan shall provide for each patient's electronic health information that is contained in the Vermont Health Information Exchange to be accessible to health care facilities, health care professionals, and public and private payers to the extent permitted under federal law unless the patient has affirmatively elected not to have the patient's electronic health information shared in that manner.
- DVHA proposes that this means the HIE Strategic Plan update should document the significant workstream components of the consent implementation plan, to demonstrate that Act 53 is satisfied with respect to the Plan (note that the HIE Strategic Plan is synonymous with the HIT Plan referenced in legislation).
- Discussion: Seeking consensus from the Steering Committee that this is the appropriate way to reflect consent integration in the HIE Strategic Plan update.